

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3						
4						
5	1					
6						
7	1					
8		1				
9		1				
10		2				
11		2				
12	1					
13		1				
14		1				
15		1				
16	1					
17		1				
18		1				
19		1				
20		1				
21	1					
22		1				
23		2				
24		2				
25	1					
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50						
TOTAL IND.	7					
TOTAL DEP.	22					
TOTAL CLAIMS	33					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						